

Appendix L: Taxonomy and ProviderOne

A taxonomy code indicates a provider's type, specialty, and subspecialty. Providers will need to use taxonomy for billing and servicing (if applicable) providers on the claim in ProviderOne.

The general term "taxonomy" refers to a classification system. For medical billing and payment, "provider taxonomy" refers to the national provider classification system defined by the Centers for Medicare and Medicaid Services (CMS). This national classification system was defined as part of the National Provider Identification (NPI) rule of the Health Insurance Portability and Accountability (HIPAA) Act.

There are three steps using taxonomy in ProviderOne:

1. **Verify the taxonomy to be billed with is loaded in the provider's ProviderOne provider file.**
 - This information can be found under the "**Manage Provider Information**" hyperlink from the ProviderOne homepage. On the Business Process Wizard page, taxonomy is referred to as "Specializations". There are two profiles in ProviderOne that allow the user to edit or add to the provider file- **EXT Provider File Maintenance** and **EXT Provider Super User**. Other profiles may only allow viewing the file.
 - Only subsets of the national taxonomies are being used by the Agency. There are literally thousands of national taxonomies that the Agency will not be using. Only those taxonomies shown in the drop down list in the provider file are being used.
 - Providers are NOT required to bill the Agency with the taxonomy reported to CMS. Please bill with a taxonomy the Agency is using.
2. **Use the verified taxonomy for billing and rendering/servicing (if applicable) providers on the claim.** Taxonomy is not required for referring providers. (see [Memo 10-22](#).)
3. **Make sure the service billed is allowed by the taxonomy.**
 - The service on the billed claim must be associated with the taxonomy and be within the scope of licensure for the provider supplying or performing the service. For example, oxygen services require an oxygen taxonomy, durable medical equipment (DME) billings require a DME taxonomy, dental services require a dental taxonomy, etc.



Note: Medical Assistance requires taxonomy on Medicare crossovers. Providers must include taxonomy on Medicare claims when the client is also eligible for Medicaid as a secondary payer. Medicare will pass the taxonomy on these claims to Medical Assistance and if the taxonomy is missing on Medicare claims passed to Medical Assistance, these claims will deny.

Medical Assistance does not receive TPL claims directly from other payers (other than Medicare). When billing Medical Assistance directly for TPL coverage, follow Medical Assistance rules about taxonomy (i.e., make sure the taxonomy is associated with the provider and that the taxonomy description aligns with the service).